

Please complete each item on both sides of form.

Sign at each of the 3 places marked with an **X. Return to your teacher.**



Student Academy Application and Emergency Health Form

Student's Name _____
Last First Middle

Parent/Guardian Name _____

Address _____

City _____ State _____ Zip Code _____

Home Phone (____) - _____ Work Phone (____) - _____

Child's Gender: M ____ F ____ Child's Birth Date : _____ Age: ____

Parish: _____ School: _____

Principal's Name _____ Teacher's Name: _____

Are there any health problems of which we should be aware? If so, please list them and any precautions that should be taken. (Use other side, if necessary.):

Health Insurance Company: _____ Policy Number: _____
Medicaid ID _____

Please provide us with any specific instructions you would like us to follow in case of illness or accident. (Use other side, if necessary.) _____

In case of emergency notify: Name _____

Phone: (____) - _____ Relationship to student _____

In the event of an accident, illness, or injury, and the person above cannot be Reached, I hereby give STARBASE Louisiana permission to take action as deemed necessary in the best interest of my child.

Parent/Guardian Signature: **X _____ Date: _____**

OPTIONAL: In order to encourage affirmative action, please provide the following information concerning ethnic background:

African American ____ Asian ____ Hispanic ____ White ____ Other ____

Language spoken in the home _____

Statement of Understanding Hold Harmless Agreement

I acknowledge that I, _____ acting as legal guardian
Parent/Guardian name

Of _____ do hereby grant my permission for
Student's name

_____ to participate in STARBASE Louisiana.
Student's name

I will take full responsibility for any damage that might occur to government and/or STARBASE Louisiana property caused by my child. This program is designed for "hands-on" activities, visits to military work areas, and the development of self-confidence.

In consideration of the United States Air Force allowing me or my children to use Barksdale Air Force Base property, facilities, and equipment, I, the undersigned, do agree to forever hold harmless Barksdale Air Force Base, United States Air Force Reserve, STARBASE Louisiana, and the United States of America, its members, employees, and agents, whether acting officially or unofficially, from any and all actions, claims, and demands by reason of any damage, loss, or injury (including death) which may be sustained to me or my children, and arising out of, or incidental to participation in STARBASE Louisiana.

I also understand that STARBASE Louisiana reserves the right to terminate the participation of my child when it is deemed to be in the best interest of either my child, or the program as determined by the STARBASE Louisiana staff.

Date
X
Signature of Student

Date
X
Signature of Parent/Guardian

Permission for Publication of Student Photo Student Photo Release Form

At STARBASE Louisiana it is our practice when preparing work for external publications, video tapes, and publicity, to seek parent permission before including a child's image. In order to include your child's photo in any STARBASE Louisiana project, we must have your signed permission. Please review the information, sign it, and return it to a STARBASE Louisiana staff member.

As parent/guardian of

Student's Name

I hereby grant permission for my child to appear in a photograph, video or digital imagery that will be used by STARBASE Louisiana. STARBASE Louisiana will hold any and all rights to include these images, in any format or media, and to grant permission for its use in outside publications.

X
Signature of Parent/Guardian

Date